A check in the amount of \$ to cover the above fees is enclosed. 04-0100 in the amount of \$ Please charge my Deposit Account No. to cover the above fees. A duplicate copy of this sheet is enclosed. c. X The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 04-0100 . A duplicate copy of this sheet is enclosed. d. x Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038 NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed an granted to restore the international Application to pending status. REE WALVE Frank BARRETON ADCOUNTY OLLTY ON TIALOGOA TIESPESS SEND ALL CORRESPONDENCE TO: DARBY & DARBY P.C. P.O. Box 5257 100 Robert Schaffer New York, New York 10150-5257 NAME CUSTOMER NUMBER: 07278 31,194 REGISTRATION NUMBER Adjustment date: 08/30/2007 LLANDGRA 02/07/2007 INTERSW 00000218 10595561 -400 -400.00 OP -200.00 OP 02 FC:1633 Adjustment date: 08/30/2007 LLANDGRA 02/07/2007 INTEFSW 00000218 10595561 -400. 02 FC:1633 -200. -400.00 OP -200.00 OP Refund Ref: 08/30/2007 0030044264 Credit Card Refund Total: \$600.00 Am Exp..: XXXXXXXXXXXXXX1007